DOCUMENT RESUME

ED 304 853 EC 212 548

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TITLE The Assessment Process. Video: "Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs."
INSTITUTION Pennsylvania Assistive Device Center, Harrisburg.
PUB DATE 25 Oct 88
NOTE 25p.; Paper presented at the Biennial Conference of the International Society for Augmentative and Alternative Communication (Anaheim, CA, October 23-26, 1988).
PUB TYPE Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Assistive Devices (for Disabled); *Communication Aids (for Disabled); *Communication Disorders; Elementary Secondary Education; *Needs Assessment; Resource Materials; *Student Evaluation; *Videotape Recordings
IDENTIFIERS *Augmentative Communication Systems; Loan Programs

ABSTRACT

This packet of materials, which was prepared to accompany a conference presentation, contains a description of a videotape titled "Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs." This 70-minute videotape follows three children through the assessment and evaluation process to determine what types of communication systems would be helpful for them. Also included is a list of 10 books and 35 kits available from the Pennsylvania Special Education Assistive Device Center (ADC). The kits contain a wide variety of equipment, books, and tools to evaluate students' needs for assistive devices. The information packet concludes with an assessment guide for use in preparation of a long-term loan application for an assistive device from the ADC. The assessment guide examines the student's developmental level; current services and equipment being used; unmet needs for communication and writing; potential to achieve; present instructional levels in reading, math, writing and typing, computer use, and communication/language functioning; specific barriers; and environmental considerations. (JDD)

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The Assessment Process

Video:

"Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs"

presented by the Pennsylvania Assistive Device Center

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International Society for Augmentative
and Alternative Communication
1988 Biennial Conference
Anaheim, California
October 23-26, 1988

October 25, 1988
8:30 - 9:30
Room: Yorba

EC 213548

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The Assessment Process (videotape)

Colleen A. Haney, M.Ed., CCC/SLP
Pennsylvania Assistive Device Center

Objectives of the Presentation:

The participants will:

- become familiar with a 10-step process for assessment and evaluation of clients with augmentative communication needs
- learn components and procedures for collecting information on testing the client for each of the 10 steps
- be provided with a form for collecting information and test recording and a list of materials contained in an assessment kit
- become familiar with a team approach to assessment and identify the roles of team members

Level of Expertise: introductory and intermediate

Outline

I. Sample Case Study: Bobby - mild CP, age 6, fetal alcohol syndrome

- A. Complete process
- B. Augmentative communication components
- C. Feature match
- D. Trial run
- E. Recommendations

II. Sample Case Study: Hope - CP, mixed, age 8

- A. More involved motor assessment
- B. Adapting language testing materials for motor disabilities
- C. Option of several modes of communication

III. Sample Case Study: Bengie - CP, mixed, age 16

- A. Assessment of present technology
- B. Issues of speed and efficiency
- C. Environmental control

Video Tape Request Form

Title: "Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs

Time: 70 minutes

This video follows three children through the assessment and evaluation process to determine what types of communication systems would be helpful for them. Both assessment and evaluation are referred to as part of a process rather than specific techniques. In assessment, facts are gathered and in evaluation, the information is interpreted.

The importance of interdisciplinary techniques are stressed. The most appropriate assessment occurs when local therapists and teachers work with the child in his/her natural environment.

Through this video, the following ten steps in the assessment/evaluation process are illustrated:

1. Identification of the students needs
2. Gather background information on the student
3. Interview family & staff
4. Interview and observe student in a natural environment
5. Motor assessment
6. Language assessment
7. Matching the student's needs to specific equipment's features
8. Mock up/trial run
9. Evaluation of Results
10. Follow along / Communication competency

The video stresses that assessment should not take place in isolation.

As a result of the assessment phase, a list should be made of the child's characteristics focusing on the whole child and his/her other methods of communication. A total Communication program, aided and unaided, is planned for the child. If technology is to be considered, the list of the child's characteristics may be matched to product descriptions. After a trial period, the technology or systems selected should be evaluated to determine their appropriateness to the total system for the child.

* * * * * * * * * * * * * *

_____ Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs (1987)

I have enclosed a blank T120 videocassette for each tape requested. Please send the video tapes to:

Name: _____

Facility: _____ Phone: (_____)_____

Street: _____

City, State, Zip: _____

Return this form and blank T120 videocassette(s) to:

Central SERRC
ATTN: Kay Dively
150 South Progress Avenue
Harrisburg, PA 17109

ISAAC Conference 1988
Colleen A. Haney, M.Ed., CCC/SLP

FACTSHEET 14: ASSESSMENT KITS FOR LOCAL AUGMENTATIVE SPECIALISTS

In the fall of 1986, the Assistive Device Center initiated the formation of a network of "local augmentative specialists" (LAS) across Pennsylvania. This network was to include representatives from each Intermediate Unit area (teachers, therapists, etc.) who would receive comprehensive, on-going training concerning assistive device technology. These individuals would then act as local resource persons regarding assistive devices.

Part of the LAS role involves conducting assessments and providing technical assistance regarding the evaluation process to determine students' needs for assistive devices. To aid the LAS in this function, the ADC provided each LAS team manager with an assessment kit containing a wide variety of equipment, books and tools.

The items included in the following list comprise the contents of the assessment kits. The items can be used as a first step in the assessment process to determine if a student could possibly benefit from an assistive device and what features the assistive device should possibly have to meet the student's needs.

ITEMS TO BE INCLUDED IN THE LAS KIT:

____1. **2 Battery Adapters (for toys)**
Catalog #720 @ $11.50
Don Johnson Developmental Equipment
1000 N. Rand Road, Bldg. 115
Wauconda, IL 60084
312-526-2782

____2. **CORE Picture Vocabulary heavy duty**
Catalog #107 @$38.50
Don Johnson Developmental Equipment

____3. **CORE Picture Vocabulary Stickers**
Catalog #109 @ $12.50
Don Johnston Developmental Equipment

____4. **PICSYMS**
Catalog #330 @$20.00
Don Johnston Developmental Equipment

____5. **PIC 400 Cards**
Catalog #P03 @$33.00
Don Johnston Developmental Equipment

____6. **PIC 400 Stickers**
Catalog #P04 @$33.00
Don Johnston Developmental Equipment

____7. **Keyguard with Keylocks for Apple 2E**
Catalog #C20 @$84.50
Don Johnston Developmental Equipment

____8. **Moisture guard for Apple 2E**
$16.95
Viziflex Seels, Inc.
16 E. Lafayette St.
Hackensack, NJ 07601
201-487-8080

____9. **Echo Speech Synthesizer**
Educational Price for Schools @$99.95
Street Electronics Corporation
1140 Mark Avenue
Carpinteria, CA 93013
805-684-4593

____10. **TouchCom Software**
Catalog #S61 @$128.00
Don Johnston Developmental Equipment

____11. **TouchCom mixed overlays**
Catalog #C65 @$19.00
Don Johnston Developmental Equipment

____12. **Apple 2e cable to PowerPad**
@$9.95
Dunamis, Inc.
2856 Buford Highway, Duluth GA 30136
404-476-4934

____13. **PowerPad**
@ $99.95
Dunamis, Inc.

____14. **PowerPad/Switch Interface Adapter**
Catalog #C13
Don Johnston Developmental Equipment

____15. **Light Touch Switch**
Catalog #705 @$39.00
Don Johnston Developmental Equipment

____16. **Tread Switch**
Catalog #CM-1 @$39.00
ZYGO Industries, Inc.
P.O. Box 1008, Portland, OR 97207
503-297-1724
Local Representative: Ron Baxter
Rehabilitation Institute of Pittsburgh
412-521-9000 Ext. 373

____17. **Mounting Switch**
Catalog #766 @$67.50
Don Johnston Developmental Equipment

____18. **Wobble Switch with clamp**
@$50.00
Computability
The Handicapped's Source
101 Route 46 East, Pine Brook, NJ 07058
201-882-0171

____19. **Gooseneck Mount**
Catalog #SMT Switch Mounting Kit for table
@$45.00
Prentke-Romich Company
1022 Heyl Road, Wooster, OH 44691
216-262-1984

____20. **Adjustable Chinstick/Headpointer**
Catalog #401 @$115.00
Don Johnston Developmental Equipment

____21. **Symbol Training Display**
Catalog #187 @$165.50
Don Johnston Developmental Equipment

____22. **Tri-fold Communication Board**
Catalog #110 @$32.50
Don Johnston Developmental Equipment

____23. **3" Foam Wedge**
@ $1.00
Scott Foam, Factory Outlet Store
1500 East Second St., Eddystone, PA 19013
215-876-6212

____24. **6" Foam Wedge**
@ $1.80
Scott Foam, Factory Outlet Store

____25. **2 1/2" rectangle foam**
@$0.25
Scott Foam, Factory Outlet Store

____26. **1 1" rectangle foam**
@$0.50
Scott Foam, Factory Outlet Store

____27. **1 2" rectangle foam**
@ $1.00
Scott Foam, Factory Outlet Store

____28. **1 yd. velcro hook & pile, 2 yds. elastic**
@ $3.00 yd., 3/4" elastic @ $0.55 yd.
1/2" elastic @ $0.25 yd.
Local Fabric Store

____29. **Assorted Safety Pins**
@ $1.69
Local Fabric Store

____30. **Scissors**
@ $1.99
Local Fabric Store

____31. **Flexible tape measure**
@ $1.05

____32. **1 ACS Lightpointer with charger**
@ $295.00
Adaptive Communication Systems
Box 12440, Pittsburgh, PA 15321
412-264-2288

____33. **1 Battery operated toy**
@ $24.00
Toys for Special Children
Steven Kanor, 8 Main St., Hastings-On-Hudson
New York 10706
914-478-0858 or 914-478-0960

____34. **1 ft. Dycem**
Catalog #BK-6612, Bulk Roll @ $173.551 ft.
= $5.43
Fred Sammons, Inc. BeOK!
Box 32, Brookfield, IL 60513-0032
1-800-323-7305

____35. **Wobble Switch**
Catalog #WS-1 @ $108.00
Prentke-Romich Company

BOOKS:

____1. **"Communication for the Speechless"**
By Franklin H. Silverman
@ $36.33
Prentice-Hall Inc.
Englewood Cliffs, NJ
201-767-5049

____2. **"Everybody's Technology"**
By Christiane Charlebois-Marois
@ $19.50
College-Hill Press, 4284 41st St.
San Diego, CA 92105
619-563-8899

____3. **"Adaptive Play for Special Needs"**
By Caroline Ramsey Musselwhite
@ $19.50
College-Hill Press, 4284 41st Street
San Diego, CA 92105
619-563-8899

____4. **"Prerequisites to Augmentative Communication"**
By the Augmentative Communication Team
(Porter, Carter, Goolsby, Martin, Reed, Stowers, Wurth)
Division for Disorders of Development and Learning
University of North Carolina
Chapel Hill, North Carolina 27514
919-962-2211

____5. **"Communication Programming for the Severely Handicapped"**
By Musselwhite & St. Louis
@ $24.50
College-Hill Press

____6. **"Lekotek Plan Book"**
By Carl Gulbrandsen & Bill Grogg
@ $8.00
LEKOTEK, 613 Dempster St.
Evanston, IL 60201
312-328-0001

____7. **"More Homemade Battery Devices for Severely Handicapped Children with Suggested Activities"**
By Linda J. Burkhart
@ $12.50
Linda J. Burkhart, 8503 Rhode Island Ave.
College Park, MD 20740

____8. **"The More We Do Together"**
@ $5.00
World Rehabilitation Fund, Inc.
400 East 34 Street, New York, NY 10016
212-679-2934

____9. **"Augmentative Communication Intervention Resource"**
By Carol Goosens & Sharon Crain
Catalog #341 @ $35.00
Don Johnston Developmental Equipment

____10. **"From Toys to Computers: Access for the Physically Disabled Child"**
By Christine Wright & Mari Nomura
Catalog #C51 @ $17.00
Don Johnston Developmental Equipment

Pennsylvania Special Education Assistive Device Center

A service of the Central Pennsylvania Special Education Regional Resource Center

Elizabethtown Hospital and Rehabilitation Center • Elizabethtown, PA 17022 • SpecialNet: PA.ADC
(717) 367-1161 or (800) 642-7734 (toll free within Pennsylvania)

ASSESSMENT GUIDE FOR LONG TERM LOAN APPLICATION

The following worksheet is intended as a guide providing the user with more specific information and ideas on pertinent areas to consider in conducting an assessment and evaluation for a student with assistive device needs. This document will aid the user in preparation of the ADC Long Term Loan Program Application; numbers refer to that document, Section 4: Instructions for Completing an Application.

NAME_____ BIRTH DATE_____ AGE_____

SCHOOL PROGRAM_____

MEDICAL DIAGNOSIS:_____

CURRENT MEDICATIONS:_____

HANDICAPPING CONDITIONS:

___Cerebral Palsy

___Neuromuscular Disease

___Spinal Cord Injury

___Amputation

___Mental Retardation

___Brain Injury

___Emotional Disturbances

___Tracheostomy

___Vocal Abuse

___Hearing Problems

___Vision Problems

___English As A Second Language

DEVELOPMENTAL LEVEL OF FUNCTIONING:

___Infant

___Early Childhood

___Elementary

___Middle School

___Secondary

TYPE OF CLASSROOM PLACEMENT:

___Self-contained

___Regular Education

___Resource Room

___Mainstreamed

___Approved School

ADAPTIVE EQUIPMENT USED:

___Powered wheelchair

___Manual wheelchair

___Wheelchair, pushed by another

___Regular chair with pelvic belt

___Other (Please list.)

___Writing Aids

___Computer

___Manual communication board

___E-tran

_____

_____

_____

CURRENT SERVICES STUDENT RECEIVING:

____Speech and Language

____Occupational Therapy

____Physical Therapy

____Other (Please list.)

4.2:1 PRESENT UNMET NEEDS FOR COMMUNICATION, WRITING, AND/OR EDUCATIONAL MATERIALS

Check those categories of function which apply:

___Verbal

___Nonverbal

___Verbal approximations or gestural language present but insufficient

___Physical disabilities limit writing, typing, computer access, etc.

___Physical disabilities interfere with writing, typing, computer access, etc. and additional assistance is needed

___Disabilities warrant the need for enlarged curricular materials due to visual handicap

___Very early stages of language and cognitive development and has no present means to express language

Describe specific performance in greater detail (i.e. "student cannot write with a pencil, but can type with one finger at the rate of 10 characters per minute with 80% accuracy", "student cannot manipulate turning the pages of a book", "student indicates 'yes' by looking up, but requires an unambiguous way to communicate with teachers and peers in the classroom" etc.

_____

_____

_____

4.2:2 DOCUMENTATION OF PRESENT INSTRUCTIONAL LEVELS AND POTENTIAL TO ACHIEVE:

A. Prerequisites for Language

(from Paul Yoder & Patricia Porter, ISAAC Conference, International Society for Augmentative and Alternative Communication, October 1984.)

1. Does the client have preferences as evidenced by some observable behavior or attention to some stimuli as opposed to other stimuli? Examples of such stimuli may be human faces, human voices, novelty, stimuli with contours, complex stimuli, etc. ___YES ___NO

Assessment options:
a). Direct observation for consistent response when presented with several attractive stimuli.
b). Interview of important others as to what the client prefers. Ask how they know?

2. Does the client have reliable motoric control over at least one part of the body that can later be used as a signal? ___YES ___NO

Assessment options:
a). Referral to O.T./P.T. If not available, consider #b—d.
b). Interview of important others as to how they know what the client wants, and what body part he/she can move most reliably.
c). Direct observation of daily activities.
d). Direct observation of performance on requested tasks in the clinic that require movement of various parts of the client's body. Then ask important others if this movement is one that the client makes reliably.

3. Does the client make choices of preferred stimulus in three out of four trials? ____YES ___NO

4. Does the client indicate a stimulus that examiner names in three out of four trials? ___YES ___NO

Assessment Options:
a). Elicited procedure:
Materials:
1). Four of the client's favorite objects of foods.

Assessment Procedure:
1). Begin by putting two of these favorite stimuli in front of the client.
2). Ask her/him to "Point (indicate, etc.) the (x)".
3). Switch the location of the stimuli and repeat for four trials.
4). Add two more stimuli and repeat #1)-3).

5. Does the client match photographs or drawings to objects they represent in three out of four trials? ___YES ___NO

Assessment options:
a). Elicited procedure:
Materials:
1). Four pictures, drawings, or photos that look like their referents.

Assessment procedure:
1). Present the two photos in front of the client on a table. Place one of the corresponding referents behind the photo.

B. PRE-READING AND READING SKILLS:

1. object/picture recognition ___YES ___NO
2. symbol recognition (Bliss, Rebus, etc.) ___YES ___NO
3. auditory discrimination of sounds ___YES ___NO
4. auditory discrimintation of words, phrases ___YES ___NO
5. selects initial letter of word ___YES ___NO
6. follows simple directions ___YES ___NO
7. sight word recognition ___YES ___NO
8. can put two symbols or words together to express an idea ___YES ___NO
9. reading comprehension level (grade level)_____
10. spelling level (grade level)_____

C. MATH ABILITIES:

Math level (grade level & describe, e.g., can do simple addition and subtraction, fractions, basic algebra,etc.)

_____

_____

_____

D. WRITING AND TYPING ABILITIES:

1. independent, legible, but takes a long time ___YES ___NO
2. can hold pencil, is illegible, is difficult ___YES ___NO
3. can type slowly, w/one digit ___YES ___NO
4. can type slowly, w/more than one digit ___YES ___NO
5. can type slowly, w/head or mouthstick ___YES ___NO
6. fatigues easily, needs another's assistance ___YES ___NO
7. does NOT write ___
8. does NOT type ___

E. COMPUTER USE:

1. uses word processing ___YES ___NO
2. uses w/adapted or expanded keyboard ___YES ___NO
3. uses with single switch ___YES ___NO
4. software presently using: (Please list.)_____

_____

_____

5. has NEVER used a computer ___

F. COMMUNICATION/LANGUAGE FUNCTIONING

1. **desires to communicate** **___YES ___NO**
2. **initiates interaction:**

___always ___frequently ___occassionally ___seldom ___never

3. responds to communication interaction:

___always ___frequently ___occassionally ___seldom ___never

4. "YES" and "NO" responses:

___shakes head

___vocalizations

___eye gaze

___points to board

____signs

____word approximations

____gestures

____does not have a consistent and reliable response

Can a person unfamiliar with the student understand the response? ___YES ___NO

Describe the types and all the responses the student uses. Also describe how reliably and consistently it is used.

_____

_____

_____

5. present means to communicate: (Check all the methods used, and circle the primary method the student uses.)

___gestures

___vocalizations

___pointing

___sign language

___communication board

___electronic system

___writing

___reliable "yes/no" response

___facial expressions

___semi-intelligible speech

___intelligible speech

___sign language approximations

___eye-gaze/eye movement

___typing

___other. Please describe:_____

_____

_____

6. current level of receptive language:

age approximation: _____

Formal Tests used and scores:_____

_____

If formal testing is not possible, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

_____

_____

_____

7. current level of expressive language:

age approximation: _____

Formal Tests used and scores:_____

_____

If formal testing is not possible, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

_____

_____

_____

8. communication interaction skills:

Interaction with peers:

___always ___frequently ___occassionally ___seldom ___never

Demonstrates awareness of Listener's attention:

___always ___frequently ___occassionally ___seldom ___never

Asks questions:

___always ___frequently ___occassionally ___seldom ___never

Requests clarification from communication partner ("Would you please say that again?", "I didn't understand. Please repeat.", "Did you mean...?", etc.):

___always ___frequently ___occassionally ___seldom ___never

G. FORMAL TEST SCORES

List all other formal tests, and their scores.(e.g. psychologicals, intelligence tests, behavioral scales, observational checklists,etc.):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

H. POTENTIAL TO ACHIEVE

(Describe the student's future potential academic needs and her/his anticipated future communication needs.)

_____

_____

_____

4.2:3 SPECIFIC BARRIERS

A. CURRENT MOTOR ABILITIES/ PROBLEMS

(An occupational therapist and/or physical therapist may need to be consulted with, for this section.)

1. Mobility, (Please list all that apply.)

___walks independently

___has difficulty walking

___walks w/assistance, ____w/adult, ___w/appliance

___crawls, wiggles, rolls,or creeps independently

___uses powered wheelchair

___learning to use powered chair

___uses manual wheelchair

___learning to use manual wheelchair

___has NEVER had opportunity to try a powered chair

___can transfer in & out of chair independently

___needs another person to push chair and to transfer in & out

Describe the degree of mobility. (Can travel within the classroom independently, for short distances, learning to control chair, etc.)

_____

_____

_____

2. Voluntary, isolated, controlled movements (Observe the student using a switch, paper & pencil, typewriter,computer, etc. Describe the movement as well as the activities and situations observed).

___Left Hand

___Right Hand

___Head

___Left Foot

___Right Foot

___Mouth

___Tongue

___Finger

___Other. Please describe:

___Eyes

___Breath

___Vocal

___Left Arm

___Right Arm

___Left Leg

___Right Leg

_____

_____

_____

3. Range of motion. Describe briefly any specific limitations. Also describe the specific range in which the student has the most motor control.

_____

_____

_____

4. Reflexes and Abnormal Muscle Tone. Describe briefly any early reflex patterns which are exhibited by the student and may interfere with their voluntary control. Also describe any patterns of low or high muscle tone which may interfere with or be considered when assessing the student's voluntary motor control.

_____

_____

_____

5. Accuracy and Fatigue. Describe the student's tolerance for a motor task, and how easily they become fatigued. Also discuss how accurate, reliable and consistent the student's motor patterns are in particular tasks in particular situations.

_____

_____

_____

6. Time. Describe how long in real minutes it requires for the student to complete a particular motor task.

_____

_____

_____

B. SEATING AND POSITIONING OF STUDENT:

___Sits in regular chair

___Sits in regular chair w/pelvic belt

___Sits easily, comfortably in wheelchair, most of day

___Sits in wheelchair, part of day

___Wheelchair has been adapted to fit

___Wheelchair NEEDS to be adapted to fit

___Wheelchair in process of being adapted to fit

___Spends part of day out of chair, in prescribed position

___Spends most of day out of chair, is uncomfortable

___Enjoys many positions throughout day, based on activity

___Dislikes most other positions, other than chair.

___Has few opportunities for other positions.

___Other. Please describe:

_____

_____

_____

___Uses regular desk

___Uses tray on wheelchair for "desktop"

___Uses adapted table

___Has diffculty using table or desk

___Other. Please describe.

_____

_____

_____

Describe specific chair or chairs used. Describe tray, desk, and/or table surface the student uses. If possible, take a photograph and attach it.

_____

_____

_____

Describe other positions student assumes or is placed in by adult. If possible, take a photograph and attach it.

_____

_____

_____

C. VISUAL ABILITIES/PROBLEMS

___passed school vision screening

___wears glasses

___can fixate vision on a stationary object

___can look to right and left without moving head

___recognizes people

___recognizes common objects

___recognizes photographs

___recognizes symbols or pictures

Which symbols or pictures? _____

What size symbol or picture? _____

Color or Black & white? _____

Include any reports completed by another professional which describe visual-perceptual abilities. A visual-perceptual test may need to be requested of the occupational therapist.

D. AUDITORY ABILITIES/PROBLEMS

___passed school hearing screening _____dB level

___attends to sounds

___discriminates sounds

___understands speech

Include any reports completed by another professional which describe auditory abilities. An audiologist may need to be consulted to test specific skills within a sound-proofed environment.

E. MEDICAL CONSIDERATIONS

___history of seizures

___currently on medication for seizure control

___has degenerative medical condition

___currently on prescribed medication

___has freqeunt pain

___has multiple health problems

___has frequent upper respiratory infections

___has frequent ear infections

___has orthopedic problems

___other. Describe briefly:

_____

_____

_____

Include any reports from specialists which describe the student's present medical condition, and/or future prognosis. Decribe briefly the impact their medical condition may have on their abilities.

_____

_____

_____

F. BEHAVIOR

Don't forget to consider and describe the student's individual, daily patterns of behavior. These could include preferred learning styles (e.g. independent, exploring, stays back and watches others first, needs lots of reassurance, overly excited at new tasks, resists new tasks, fears change, easily frustrated, persistent, determined to complete task, aggressive, passive, a chronic management problem, eager for adult contact, etc.) as well as a description of the student's own personality.

G. MOTOR ASSESSMENT FOR DEVICE ACCESS AND USE

1. Input Technique:

DIRECT SELECTION:

___Left Hand

___Right Hand

___Single Digit, Which one?_____

___Head

___Other. Please describe:

_____

_____

_____

ASSISTED DIRECT SELECTION:

___head pointer

___chin stick

___light beam

___light sensor

___pointers (adapted), hand grips, etc.

___other. Please describe.

_____

_____

_____

SCANNING:

Preferred control site (body site):_____

Other possible control sites:

_____

_____

_____

Preferred Control Type (switch):

___tread

___wobble

___arm slot

___lever

___light touch

___touch

___rocker

___air cushion

___eye brow ___muscle

___tongue ___sip/puff

___joystick

___other. Please describe:

_____

_____

_____

ENCODING:

___Color coding

___Letter coding

___Number coding

___Morse code

___Other. Please describe.

_____

_____

_____

2. Symbols:

TYPE:

___Color ___Black & White

___Photographs ___Line drawings

___Specific symbol set. (e.g. Bliss, Rebus, PIC,etc.)

___Other. Please describe.

SIZE:

___1/2 inch squares

___1 inch squares

___2 inch squares

___over-sized squares

___Other. Please describe.

_____

_____

_____

AMOUNT:

Number of symbols used: _____

Configuration and/or arrangement of symbols used:

___categories ___topics

___grammatical

___Other. Please describe.

_____

_____

_____

3. Positioning/Mounting the Device

___Commercial Mount for wheelchair available and appropriate

___Customized mount for wheelchair is needed

___Mount needed for use with computer

___Keyboard of computer needs mounting

___Other problems. Please describe.

_____

_____

_____

4.2:4 THE DEVICE SELECTED WILL HELP MEET EDUCATIONAL GOALS BECAUSE:

Please describe specific plans to put into effect the student's goals and objectives.

_____

_____

_____

4.2:5 (NAME OF DEVICE)_____IS APPROPRIATE because (student) _____ can access it by (DIRECT SELECTION, SCANNING, ENCODING) using the (body part) _____ and (switch selection)_____to input (objects, pictures, symbols, letters, numbers, words, phrases, letter codes, icons) for the output of (auditory, visual, LCD, monitor, hard copy printer, combination, more than one).

Describe the student's characteristics and how their skills and needs can be met by the specific features of a particular device or devices.

_____

_____

_____

4.2:6 PAST HISTORY OF AUGMENTATIVE COMMUNICATION AID

Describe communication systems that have already been tried with the student. Discuss the results. (Remember to include: gestures, sign language, communication board, E-trans, electronic devices, computer use, and/or switch use. Describe how the student accessed them, how long they used them, and how well they worked for the student.)

COMMUNICATION AID	SPECIFICS	RESULTS

4.2:7 ENVIRONMENTAL CONSIDERATIONS, PROBLEMS AND BARRIERS:

Describe the environments in which the student will be using the device. Discuss the features the system/device will need in order to function well within those environments.

- Portability
- Safety
- Weight of Device
- Use at Home w/Family
- Use During Activities of Daily Living (toileting, meals,etc.)
- Classroom Work
- Recreational Activities
- Outdoor Use
- Transportation of Student With Device